

CALENDAR YEAR _____

Or

YEAR ENDED _____

CITY OF WEST POINT

Net Profit License Fee Return

Questions (Answer Fully)

1. Check Which ☐Corporation ☐Partnership, ☐Individual Owner ☐Fiduciary, ☐Other

2. If Organization was Discontinued, State When _____ Dissolution _____ or Sale _____
If by Sale, Give Name and Address of Successor _____

DUE DATE _____

DUE APRIL 15

(Print Name and Address Above)

1. Net Income Per Federal Return: Form 1120____ Form 1065

1040 Schedule C____ Schedule E____ Other____

\$ _____

2. Less: Income Not Subject to West Point from Schedule B

\$ _____

3. Total Net Profit Subject to License Fee

\$ _____

4. West Point License Fee (Line 6 X 1 %)

\$ _____

5. Interest ½ of 1% Per Month if Delinquent

\$ _____

6. Penalty 1% Per Month not exceeding 10% Delinquent

\$ _____

7. BALANCE DUE (If less than Zero, Enter Zero)

\$ _____

I HEREBY CERTIFY That the statements made herein and any supporting schedule or exhibits are true, correct and complete (Signature of License Fee Payer)

Make Check or Money order Payable to:

Date _____ 20 _____

City of West Point

509 Elm Street

West Point, KY 40177

You must submit a copy from schedule use on Line 1